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uncompensated care costs above one hundred percent by zero.

- (e) For all hospitals, sum the amounts calculated in paragraph (E)(3)(d) of this rule.
- (f) For each hospital, calculate the ratio of the amount in paragraph (E)(3)(d) of this rule to the amount in paragraph (E)(3)(e) of this rule.
- (g) Subtract the amount calculated in paragraph (E)(3)(c) of this rule from ~~\$273,877,827.00~~ \$316,441,812.
- (h) For each hospital, multiply the ratio calculated in paragraph (E)(3)(f) of this rule by the amount calculated in paragraph (E)(3)(g) of this rule to determine each hospital's uncompensated care above one hundred per cent without insurance payment, subject to the following limitations:-
  - (i) If the sum of a hospital's payment amounts calculated in paragraphs (E)(1), (E)(2) and (E)(3)(b) of this rule is greater than or equal to its hospital-specific disproportionate share limit defined in paragraph (A)(28) of this rule, the hospital's uncompensated care above one hundred per cent without insurance amount is equal to zero.
  - (ii) If the sum of a hospital's uncompensated care above one hundred per cent without insurance payment and the payment amounts calculated in paragraphs (E)(1), (E)(2), and (E)(3)(b) of this rule is less than the hospital's disproportionate share limit defined in paragraph (A)(28) of this rule, then the hospital's uncompensated care above one hundred per cent without insurance payment is equal to the product of multiplying the ratio calculated in paragraph (E)(3)(f) of this rule by the amount calculated in paragraph (E)(3)(g) of this rule.
  - (iii) If the sum of a hospital's uncompensated care above one hundred per cent without insurance payment and the payment amounts calculated in paragraphs (E)(1), (E)(2), and (E)(3)(b) of this rule is greater than the hospital's disproportionate share limit defined in paragraph (A)(28) of this rule, then the hospital's uncompensated care above one hundred per cent without insurance payment is equal to the difference between the hospital's disproportionate share limit and the sum of the payment amounts calculated in paragraphs (E)(1), (E)(2), and (E)(3)(b) of this rule.

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- (i) For each hospital, sum the amount calculated in paragraph (E)(3)(b) of this rule, and the amount calculated in paragraph (E)(3)(h) of this rule. This amount is the hospital's disability assistance medical and uncompensated care indigent care payment amount.

(F) Distribution of funds through the rural and critical access payment pools.

The funds are distributed among the hospitals according to rural and critical access payment pools described in paragraphs (F)(1) to (F)(2) of this rule.

- (1) Hospitals meeting the definition described in paragraph (A)(27) of this rule, shall receive funds from the critical access hospital (CAH) payment pool.

- (a) For each hospital with CAH certification, calculate the medicaid shortfall as described in paragraph (E)(2)(a) of this rule.

- (b) For each hospital with CAH certification: ~~each hospital's CAH payment amount is equal to the amount calculated in paragraph (F)(1)(a) of this rule.~~

(i) Calculate the ratio of each CAH hospital's medicaid shortfall to total medicaid shortfall for all CAH hospitals.

(ii) For each CAH hospital, multiply the ratio calculated in paragraph (F)(1)(b)(i) of this rule by \$3,500,000 to determine each hospital's CAH payment amount.

- (c) For all hospitals with CAH certification, sum the amounts calculated in paragraph (F)(1)(b) of this rule.

- (d) For each hospital with CAH certification, if the amount described in paragraph (F)(1)(a) of this rule is equal to zero, the hospital shall be included in the RAH payment pool described in paragraph (F)(2)(a) of this rule.

- (2) Hospitals meeting the definition described in paragraph (A)(26) of this rule but do not meet the definition described in paragraph (A)(27) of this rule, shall receive funds from the rural access hospital RAH payment pool.

- (a) For each hospital with RAH classification, as qualified by paragraphs (F)(2) and (F)(1)(d) of this rule, sum the hospital's total payments allocated in paragraphs (E)(1)(b), (E)(2)(h), and (E)(3)(i) of this rule.

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- (b) For each hospital with RAH classification, as qualified by paragraphs (F)(2) and (F)(1)(d) of this rule subtract the amount calculated in paragraph (F)(2)(a) of this rule, from the amount calculated in paragraph (A)(28) of this rule. If this difference for the hospital is negative, then for the purpose of this calculation set the difference equal to zero.
- (c) For all hospitals with RAH classification, as qualified by paragraphs (F)(2) and (F)(1)(d) of this rule, sum the amounts calculated in paragraph (F)(2)(b) of this rule.
- (d) For each hospital with RAH classification, as qualified by paragraphs (F)(2) and (F)(1)(d) of this rule, determine the ratio of the amounts in paragraphs (F)(2)(b) and (F)(2)(c) of this rule.
- (e) Subtract the amount calculated in paragraph (F)(1)(c) of this rule from ~~\$12,170,824~~ \$14,540,726.
- (f) For each hospital with RAH classification, as qualified by paragraphs (F)(2) and (F)(1)(d) of this rule, multiply the ratio calculated in paragraph (F)(2)(d) of this rule, by the amount calculated in paragraph (F)(2)(e) of this rule, to determine each hospital's rural access hospital payment pool amount.
- (g) For each hospital, sum the amount calculated in paragraph (F)(1)(b) of this rule, and the amount calculated in paragraph (F)(2)(f) of this rule. This amount is the hospital's rural and critical access payment amount.
- (G) Distribution of funds through the county redistribution of closed hospitals payment pools.
- If funds are available in accordance with paragraph (C) of this rule, the funds are distributed among the hospitals according to the county redistribution of closed hospitals payment pools described in paragraphs (G)(1) to (G)(3) of this rule.
- (1) If a hospital facility that is identifiable to a unique medical provider number closes during the current program year, the payments that would have been made to that hospital under paragraphs (E), (F), (H), and (I) of this rule for the portion of the year it was closed, less any amounts that would have been paid by the closed hospital under provisions of rules 5101:3-2-08 and 5101:3-2-08.1 of the Administrative Code for the portion of the year it was closed, shall be distributed to the remaining hospitals in the county where the

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closed hospital is located. If another hospital does not exist in such a county, the funds shall be distributed to hospitals in bordering counties within the state.

For each hospital identifiable to a unique medicaid provider number that closed during the immediate prior program year, the payments that would have been made to that hospital under paragraphs (E), (F), (H), and (I) of this rule, less any amounts that would have been paid by the closed hospital under provisions of rules 5101:3-2-08 and 5101:3-2-08.1 of the Administrative Code, shall be distributed to the remaining hospitals in the county where the closed hospital was located. If another hospital does not exist in such a county, the funds shall be distributed to hospitals in bordering counties within the state.

If the closed hospital's payments under paragraphs (E), (F), (H), and (I) of this rule does not result in a net gain, nothing shall be redistributed under paragraphs (G)(2) and (G)(3) of this rule.

(2) Redistribution of closed hospital funds within the county of closure.

(a) For each hospital within a county with a closed hospital as described in paragraph (G)(1) of this rule, sum the amount calculated in paragraph (E)(3)(a) of this rule, and the amount calculated in paragraph (E)(3)(d) of this rule if the sum of a hospital's total payments calculated in paragraphs (E)(1), (E)(2), (E)(3), (F)(1) and (F)(2) of this rule does not exceed the hospital's disproportionate share limit defined in paragraph (A)(28) of this rule.

(b) For all hospitals within a county with a closed hospital, sum the amounts calculated in paragraph (G)(2)(a) of this rule.

(c) For each hospital within a county with a closed hospital, determine the ratio of the amounts in paragraphs (G)(2)(a) and (G)(2)(b) of this rule.

(d) For each hospital within a county with a closed hospital, multiply the ratio calculated in paragraph (G)(2)(c) of this rule, by the amount calculated in paragraph (G)(1) of this rule, to determine each hospital's county redistribution of closed hospitals payment amount.

(3) Redistribution of closed hospital funds to hospitals in a bordering county.

(a) For each hospital within a county that borders a county with a closed hospital where another hospital does not exist, as described in

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paragraph (G)(1) of this rule, sum the amount calculated in paragraph (E)(3)(a) of this rule, and the amount calculated in paragraph (E)(3)(d) of this rule if the sum of a hospital's total payments calculated in paragraphs (E)(1), (E)(2), (E)(3), (F)(1) and (F)(2) of this rule does not exceed the hospital's disproportionate share limit defined in paragraph (A)(28) of this rule.

- (b) For all hospitals within counties that border a county with a closed hospital where another hospital does not exist, sum the amounts calculated in paragraph (G)(3)(a) of this rule.
- (c) For each hospital within a county that borders a county with a closed hospital where another hospital does not exist, determine the ratio of the amounts in paragraphs (G)(3)(a) and (G)(3)(b) of this rule.
- (d) For each hospital within a county that borders a county with a closed hospital where another hospital does not exist, multiply the ratio calculated in paragraph (G)(3)(c) of this rule, by the amount calculated in paragraph (G)(1) of this rule, to determine each hospital's county redistribution of closed hospitals payment amount.

(H) Distribution of funds through the disproportionate share limit pool:

- (1) For each hospital, calculate the hospital's specific disproportionate share limit as defined in paragraph (A)(28) of this rule.
- (2) For each hospital, sum the hospital's total payments allocated in paragraphs (E), (F), and (G) of this rule.
- (3) For each hospital, multiply a factor of ~~0.4185049~~ by the hospital's assessment amount calculated in rule 5101:3-2-08.1 of the Administrative Code.
- (4) For each hospital, sum the amounts calculated in paragraphs (H)(2) and (H)(3) of this rule.
- (5) Funds in the disproportionate share limit pool will be distributed as described in paragraphs (H)(5)(a) to (H)(5)(c) of this rule.
  - (a) For each hospital, if the amount calculated in paragraph (H)(2) of this rule is greater than the amount calculated in paragraph (H)(1) of this rule, the hospital will receive no payment from the disproportionate share limit pool.

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(b) For each hospital, if the amount calculated in paragraph (H)(4) of this rule is less than the amount calculated in paragraph (H)(1) of this rule, the amount in paragraph (H)(3) of this rule will be the hospital's disproportionate share limit pool payment amount.

(c) For each hospital, if the amount calculated in paragraph (H)(4) of this rule is greater than the amount calculated in paragraph (H)(1) of this rule and the amount calculated in paragraph (H)(2) of this rule is less than the amount calculated in paragraph (H)(1) of this rule, then the hospital's disproportionate share limit pool payment amount will be the difference between the amounts in paragraphs (H)(1) and (H)(2) of this rule.

(I) Distribution model adjustments and limitations through the statewide residual pool.

(1) For each hospital, sum the payment amounts as calculated in paragraphs (E), (F), (G), and (H) of this rule. This is the hospital's calculated payment amount.

(2) For each hospital, subtract the hospital's disproportionate share limit as calculated in paragraph (H)(1) of this rule from the payment amount as calculated in paragraph (I)(1) of this rule to determine if a hospital's calculated payment amount is greater than its disproportionate share limit. If the hospital's calculated payment amount as calculated in paragraph (I)(1) of this rule is greater than the hospital's disproportionate share limit calculated in paragraph (H)(1) of this rule, then the difference is the hospital's residual payment funds.

(3) If a hospital's calculated payment amount, as calculated in paragraph (I)(1) of this rule, is greater than its disproportionate share limit defined in paragraph (H)(1) of this rule, then the hospital's payment is equal to the hospital's disproportionate share limit.

(a) The hospital's residual payment funds as calculated in paragraph (1)(2) of this rule is subtracted from the hospital's calculated payment amount as calculated in paragraph (I)(1) of this rule and is applied to and distributed as the statewide residual payment pool as described in paragraph (I)(4) of this rule.

(b) The total amount distributed through the statewide residual pool will be the sum of the hospital care assurance fund described in paragraph (J)(4) minus the sum of the lessor of each hospital's calculated payment

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amount calculated in (I)(1) of this rule or the hospital's disproportionate share limit calculated in paragraph (H)(1) of this rule.

(4) Redistribution of residual payment funds in the statewide residual payment pool.

- (a) For each hospital meeting the ~~high federal disproportionate share hospital~~ children's hospital definition described in paragraph (A)(~~15~~) (29) of this rule, with a calculated payment amount that is not greater than the disproportionate share limit, as described in paragraph (I)(3) of this rule, subtract the amount in paragraph (I)(1) of this rule from the amount in paragraph (H)(1) of this rule.
- (b) For hospitals meeting the ~~high federal disproportionate share children's hospital~~ definition described in paragraph (A)(~~15~~) (29) of this rule, with calculated payment amounts that are not greater than the disproportionate share limit, sum the amounts calculated in paragraph (I)(4)(a) of this rule.
- (c) For each hospital meeting the ~~high federal disproportionate share children's hospital~~ definition described in paragraph (A)(~~15~~) (29) of this rule, with a calculated payment amount that is not greater than the disproportionate share limit, determine the ratio of the amounts in paragraphs (I)(4)(a) and (I)(4)(b) of this rule.
- (d) For each hospital meeting the ~~high federal disproportionate share children's hospital~~ definition described in paragraph (A)(~~15~~) (29) of this rule, with a calculated payment amount that is not greater than the disproportionate share limit, multiply the ratio calculated in paragraph (I)(4)(c) of this rule by the total amount distributed through the statewide residual pool described in paragraph (I)(3)(b) of this rule. This amount is the hospital's statewide residual payment pool payment amount.

(J) Payments and adjustments.

- (1) Every hospital that must make payments of assessments and/or intergovernmental transfers to the department of job and family services under the provisions of rule 5101:3-2-08.1 of the Administrative Code shall make the payments in accordance with the payment schedule as described in this rule. If the final determination that the hospital must make payments was made by the department, the hospitals shall meet the payment schedule developed by the department after consultation with the hospitals or a

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designated representative thereof.

If the final determination that the hospital must make payments was made by the court of common pleas of Franklin county, the hospital shall meet the payment schedule developed by the department after consultation with the hospital or a designated representative thereof. Delayed payment schedules for hospitals that are unable to make timely payments under this paragraph due to financial difficulties will be developed by the department.

The delayed payments shall include interest at the rate of ten per cent per year on the amount payable from the date the payment would have been due had the delay not been granted until the date of payment.

- (2) Except for the provisions of paragraphs (C) and (D) of rule 5101:3-2-08.1 of the Administrative Code, all payments of assessments and intergovernmental transfers, when applicable, from hospitals under rule 5101:3-2-08 of the Administrative Code shall be deposited to the credit of the hospital care assurance program fund. All investment earnings of the fund shall be credited to the fund. The department shall maintain records that show the amount of money in the fund at any time that has been paid by each hospital and the amount of any investment earnings on that amount. All moneys credited to the hospital care assurance program fund shall be used solely to make payments to hospitals under the provisions of this rule.
- (3) All federal matching funds received as a result of hospital payments of assessments and intergovernmental transfers the department makes to hospitals under paragraph (J)(4) of this rule shall be credited to the hospital care assurance match fund. All investment earnings of the fund shall be credited to the fund. All money credited to the hospital care assurance match fund shall be used solely to make payments to hospitals under the provisions of this rule.
- (4) The department shall make payments to each medicaid participating hospital meeting the definition of hospital as described under section 5112.01 of the Revised Code. The payments shall be based on amounts that reflect the sum of amounts in the hospital care assurance program fund described in paragraph (J)(2) of this rule and the hospital care assurance match fund described in paragraph (J)(3) of this rule. Payments to each hospital shall be calculated as described in paragraphs (E), (F), (G), (H), and (I) of this rule. For purposes of this paragraph, the value of the hospital care assurance match fund is calculated as:

Sum of hospital care assurance program fund / {1 - (federal medical assistance percentage/100)}

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The payments shall be made solely from the hospital care assurance program fund and the hospital care assurance match fund. If amounts in the funds are insufficient to make the total amount of payments for which hospitals are eligible, the department shall reduce the amount of each payment by the percentage by which the amounts are insufficient. Any amounts not paid at the time they were due shall be paid to hospitals as soon as moneys are available in the funds.

(5) All payments to hospitals under the provisions of this rule are conditional on:

- (a) Expiration of the time for appeals under the provisions of rule 5101:3-2-08.1 of the Administrative Code without the filing of an appeal, or on court determinations, in the event of appeals, that the hospital is entitled to the payments;
- (b) The availability of sufficient moneys in the hospital care assurance program fund and the hospital care assurance match fund to make payments after the final determination of any appeals;
- (c) The hospital's compliance with the provisions of rule 5101:3-2-07.17 of the Administrative Code.
- (d) The payment made to hospitals does not exceed the hospital's disproportionate share limit as calculated in paragraph (D) of rule 5101:3-2-07.5 of the Administrative Code.

(6) If an audit conducted by the department of the amounts of payments made and received by hospitals under the provisions of this rule identifies amounts that, due to errors by the department, a hospital should not have been required to pay but did pay, should have been required to pay but did not pay, should not have received but did receive, or should have received but did not receive, the department shall:

- (a) Make payments to any hospital that the audit reveals paid amounts it should not have been required to pay but did pay or did not receive amounts it should have received;
- (b) Take action to recover from a hospital any amounts that the audit reveals it should have been required to pay but did not pay or that it should not have received but did receive.

(7) Payments made under paragraph (J)(6)(a) of this rule shall be made from the

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hospital care assurance program fund. Amounts recovered under paragraph (J)(6)(b) of this rule shall be deposited to the credit of the hospital care assurance program fund. Any hospital may appeal the amount the hospital is to be paid under paragraph (J)(6)(a) of this rule or the amount to be recovered from the hospital under paragraph (J)(6)(b) of this rule to the court of common pleas of Franklin county.

## (K) Confidentiality.

Except as specifically required by the provisions of this rule and rule 5101:3-2-24 of the Administrative Code, information filed shall not include any patient-identifying material. Information including patient-identifying information is not a public record under section 149.43 of the Revised Code and no patient-identifying material shall be released publicly by the department of job and family services or by any person under contract with the department who has access to such information.

## (L) Penalties for failure to report or make payment.

- (1) Any hospital that fails to report the information required under this rule and under paragraph (A) of rule 5101:3-2-23 of the Administrative Code on or before the dates specified in this rule and in rule 5101:3-2-23 of the Administrative Code shall be fined one thousand dollars for each day after the due date that the information is not reported.
- (2) In addition to any other remedy available to the department under law to collect unpaid assessments and transfers, any hospital that fails to make payments of the assessments and intergovernmental transfers to the department of job and family services on or before the dates specified in this rule or under any schedule for delayed payments established under paragraph (J)(1) of this rule shall be fined one thousand dollars for each day after the due date, ~~not to exceed more than twenty thousand dollars.~~
- (3) The director of job and family services shall waive the penalties provided for in paragraphs (L)(1) and (L)(2) of this rule for good cause shown by the hospital.

## (M) Payment schedule.

The assessments, intergovernmental transfers and payments made under the provisions of this rule will be made in installments.

- (1) On or before the fourteenth day after the department mails the final

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